

## Chapter 5 • Performance Assessments

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### GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE

In June 2005, DSHS Executive Leadership Team refined the agency's priorities and aligned them with the Governor's priorities. These refined priorities became the framework of our GMAP (Government Management Accountability and Performance) practices.

In addition to participating in the Governor's GMAP Forums on Vulnerable Children and Adults, Health Care, and Public Health, DSHS Secretary also holds quarterly GMAP sessions for each of the priority areas. In general, four to six GMAP sessions take place each month.

During the strategic planning discussion in late 2005, the Executive Leadership Team agreed to adopt these priorities as the agency's strategic goals, as listed below.

- A. Improve health care quality and access
- B. Improve treatment for mental illness and chemical dependency
- C. Improve children's safety and well-being
- D. Improve long term care
- E. Increase employment and self-sufficiency
- F. Use effective treatment to enhance outcomes
- G. Reinforce strong management to increase public trust
- H. Strengthen data-driven decision making
- I. Value and develop employees
- J. Improve internal and external partnerships

To encourage participation of all Assistant Secretaries in the GMAP sessions for central management functions, most of these sessions take place at the Executive Leadership Team Meetings that take place every other week. The Assistant Secretaries' input and interpretation of reported data add more value to the discussions.

These GMAP sessions have helped our leadership share understanding of our direction and advancement, engage in timely problem-solving, and improve partnerships among programs.

As DSHS programs continue to improve the quality of their performance management framework, the Secretary constantly motivates programs to look for better ways in measuring, analyzing, benchmarking, and recognizing our performance. This process has helped our leadership focus more clearly on critical outcomes. It has also reinforced the leadership's accountability for getting results.

A few Assistant Secretaries also hold their internal GMAP sessions with their management teams. Some of their divisions, offices, or regions also conduct their internal GMAP meetings.

However, we need to continue our efforts in communicating our GMAP practices with our employees and helping them see the link between their work and the agency goals. We also need to take a closer look at the alignment of our GMAP performance measures with those measures reported to the Office of Financial Management in the Performance Measures Tracking System.

## **INTERNAL AUDITS AND REVIEWS**

### **Operations Review and Consultation**

Each year, the DSHS Operations Review and Consultation (ORC) assesses the nature and extent of the potential risks to the clients, the assets, and the operations of DSHS. Based on the risk assessment results, and the input from the DSHS Audit Committee, ORC develops and implements its Annual Audit Plan.

In early 2006, ORC used a methodology in which a risk value was assigned to each of the previous findings. Based on the assessments of immediate and ongoing risks to the department, ORC proposed reviews in the following areas during FY2007:

- Contract Monitoring
- Subrecipient Monitoring
- Information Technology and Systems
- Physical Asset Inventories
- Institutions
- Disbursements
- Benefit Eligibility

The DSHS Audit Committee will have further discussions about these proposed review areas and provide input for ORC's FY2007 Annual Audit Plan.

### **Internal Control**

Every manager in DSHS is responsible for the installation and maintenance of appropriate internal controls for those processes within their area of responsibility. A policy requires DSHS managers to annually conduct a comprehensive internal control Risk Assessment and Self-Evaluation (RASE) within their respective areas of authority.

The Internal Control Officer will review RASE documents and forward copies of all Improvement Action Plans received to Operations Review and Consultation for risk analysis.

The Assistant Secretaries and Chief Executive Officers will forward all completed Certificates of Completion, and all associated Improvement Action Plans for their administration to the Internal Control Officer by May 31st of each year. They will also manage a monitoring and reporting program to ensure completion of reported improvement actions.

The Office of Accounting, on behalf of the Secretary, will complete a Financial Disclosure Certificate annually for submission to the Office of Financial Management. The certificate

will represent DSHS' compliance with statutory internal control requirements including risk assessment and self-evaluation.

## **Risk Management**

In early 2006, DSHS programs completed the Risk Management Snapshot Survey initiated by the Office of Financial Management. The survey collected information about agency's practices in: (1) Incident Reporting and Assessment, (2) Claims and Litigation Experience, and (3) Additional Enterprise Risk Aspects.

The survey results showed that each program currently has a variety of risk management activities in place, depending on the areas of risks and its risk management infrastructure. This survey provided a useful inventory from a department-wide perspective to see what areas we need to improve upon.

DSHS is in the process of creating a capacity at the executive level to enhance enterprise risk management practices. The responsibility of the new risk manager will include: (1) making sure that our programs have proper policies consistent with best practices, (2) analyzing incident reports to identify and reduce key risk factors, and (3) sharing best practices and lessons learned to encourage improvements.

## **AUDITS BY THE STATE AUDITOR'S OFFICE**

The State Auditor's Office (SAO) conducts an annual Accountability Audit. The areas examined were those representing the highest risk of noncompliance, misappropriation or misuse. Other areas are audited on a rotating basis over the course of several years.

**Accountability for Public Resources:** During the audit period between July 2004 and June 2005, SAO evaluated DSHS' accountability and compliance with certain state laws, regulations, and its own policies in the following areas:

- Follow-up on prior year's issues
- Frauds
- Citizen concerns
- Reviews of electronic systems
- Tests of various expenditures, assets, grants, etc.
- Other areas such as controls over inventory and certificates of deposit

**Financial:** SAO performed an annual audit of the statewide basic financial statements as required by state law (RCW 43.09.310). These financial statements are included in the Comprehensive Annual Financial Report prepared by the Office of Financial Management. SAO tested DSHS' account balances and financial activity related to:

- Human Services – operating grants and contributions
- Federal Grants-in-Aid
- Payments due from other governments
- Human Services

**Federal Programs:** Federal grant audit work is performed on a statewide basis, in accordance with the revised Single Audit Act. SAO selected federal programs for audit using risk-based criteria set forth in the U.S. Office of Management and Budget Circular A-133.

- Food Stamp Cluster
- Foster Care

- Rehabilitation Services, Vocational Rehabilitation Grants to States
- Promoting Safe and Stable Families
- Temporary Assistance to Needy Families
- Child Care Cluster
- Adoption Assistance
- State Children's Health Insurance Program
- Block Grants for the Prevention and Treatment of Substance Abuse
- Social Security Disability Insurance and Supplemental Security Income Cluster

In addition, SAO followed up on prior audit recommendations for the following federal programs at DSHS:

- Juvenile Accountability Incentive Block Grant
- Community Mental Health Services Block Grant

**Medicaid Program:** Because of the large amount of funding involved and its complex requirements, the Medicaid program is also included in the State of Washington Single Audit every year.

DSHS managers and staff have already developed and begun to implement corrective action plans in areas where DSHS agreed with the findings. These areas include better verification of Social Security Numbers, closing any loopholes in our system of background checks for staff and providers, and addressing any of the findings that suggest money may have been misspent or needs to be recovered.

There are also findings that require additional clarification from our federal funding partners, and findings with which DSHS disagreed. DSHS is working to clarify more information, resolve different opinions, and learn from these lessons to improve our performance as possible.

## FEDERAL AUDIT

**Division of Vocational Rehabilitation:** Through the most recent federal program audit process, the Division of Vocational Rehabilitation (DVR) has developed a plan of corrective action. DVR reports its progress on this plan to the U.S. Department of Education on a quarterly basis. The audits are viewed as a part of quality assurance to help us prioritize work and provide a useful check on our performance. The areas of improvement include the number of rehabilitation outcomes we achieve annually, and our success rate in helping people with disabilities get and keep jobs.

## OTHER AUDITS

**Special Commitment Center:** The Special Commitment Center (SCC) uses a team of contractors that performs an Annual Inspection of Care (IOC) of the SCC programs. The IOC uses a survey tool and standards that cover all aspects of the SCC programs and services. The team is made up of a panel with expertise in mental health, sex offender treatment, nursing, facility security and safety, and food services.

**Information System Services Division:** The Information System Services Division (ISSD) recently completed an Internal Revenue Services security audit where there were

findings. ISSD has taken corrective actions to correct problems. Several of the findings related to actions that the Department and Information Services is responsible for.

## **ACCREDITATIONS**

***Children's Administration:*** Accreditation is one means by which child welfare agencies objectively demonstrate successes in meeting best practice standards. The Children's Administration has chosen the National Council on Accreditation to serve as its accrediting body. Their accreditation process evaluates an organization against best-practice standards. The Children's Administration is working towards attaining accreditation of headquarters and all 44 field offices by July 2008.

***State Mental Health Hospitals:*** The Joint Commission on Hospital Accreditation is the entity that accredited the three state mental health hospitals. As part of their accreditation process, they undergo a thorough independent review of their clinic care, quality improvement, and business processes.

## **WASHINGTON STATE QUALITY AWARD ASSESSMENT**

This year, DSHS is in the process of preparing two applications for the Washington State Quality Award (WSQA) assessment. Based on the National Baldrige Criteria, the assessment reviews the organization's practices in the following seven areas:

- Leadership
- Strategic Planning
- Process Management
- Data, Information, and Knowledge Management
- Employee Focus
- Customer Focus
- Business Results

The Community Services Division, Region 1, is on schedule to complete the application document in June 2006. They expect to receive feedback from WSQA in September. The Division of Child Support plans to complete their application in September.

In July, we will share lessons learned by the Community Services Division, Region 1, with other administrations. We will continue to discuss the timeline for other programs' assessments in the coming years. A new law requires all state agencies to apply for WSQA assessment starting no later than 2008, and re-apply every three years afterwards.

## **CLOSING PERFORMANCE GAPS**

### **Customers Want Easy Access to Our Services**

Between January and June 2005 DSHS surveyed 1,136 clients who had received DSHS services in FY2004. These clients answered questions about their satisfaction with DSHS services and recommended improvements.

The majority expressed satisfaction with DSHS services (80% to 91% were satisfied) and with DSHS staff (85% to 88% were satisfied). These are the areas that show improvement.

On the other hand, compared to a previous survey, fewer clients felt they were involved in making choices about services (74% agreed) or that services were well-coordinated (73% agreed). Access to services and access to information continue to be areas needing attention. In Chapter 4 of this document, many DSHS programs identified strategies to improve customer's access to services.

### **Providers Want to Receive Quicker Response and More Information**

DSHS has conducted a series of eight provider surveys - to enable the agency to better understand provider concerns and improve partnerships with providers. We sent four surveys to providers paid through the Social Services Payment System (SSPS), and sent additional surveys to provider groups paid through the standard state voucher system. A report on each survey summarizes the providers' comments.

Communication is by far the most frequently mentioned issue in the survey response. Many providers made suggestions on improvements that can help them reach DSHS staff quicker when they need information. We also received positive comments about how well DSHS staff provided accurate information and answered questions by e-mail.

### **Plain Talk Brings Clarity to Our Written Communications**

DSHS is working to implement Plain Talk principles in our writing. The purpose is to use clear and easy to understand language in written communications for our customers, partners, stakeholders, and our own employees. The high priority areas include client letters, provider information, public brochures, and Internet Website redesign.

To build internal Plain Talk awareness and capacity, we created a Plain Talk Website with useful tools and resources. In October 2005, we started publishing "Plain Talk Tips" on the Inside DSHS online newsletter. Many staff writers have taken the Plain Talk training. The Economic Services Administration also created a brief Plain Talk online training curriculum.

DSHS has included Plain Talk as one of the topics discussed at the GMAP sessions with the Secretary and the Assistant Secretaries. Currently the Plain Talk Coordinators Group is working to identify appropriate performance measures that can show our progress in improving the clarity of our written communications.

### **Technology Improves Business Solutions**

The implementation of the ProviderOne system will close a significant performance gap currently existing in the management of Medicaid. The following are some of the issues that ProviderOne is designed to assist in resolving:

- The current system's architecture prevents it from being easily modified to respond to policy and program changes. It lacks ready access to data for critical analysis and reporting.

- The current system has poor ability to interface with other systems. A newly designed architecture will allow for consolidation of other authoritative data sources to enhance payment and data accuracy.

### **New Business Model to Help Children and Families**

The leadership in the Children's Administration (CA) determined that long-term systemic change is essential to improve the infrastructure, management and organizational culture.

With the help from the Boeing Company Lean Team, CA has begun a series of work sessions to explore new tools and best practices that they can use to create the practice model and business model. The result can improve teamwork, communication, decision making, and ultimately, our services to children and families.

### **Emergency Management to Minimize Impacts of Disasters**

DSHS is working on the Emergency Management Response Plan to address the needs of staff, clients and citizens in times of emergency and disaster. The purpose is to minimize impacts of disasters by facilitating an efficient, coordinated, effective response to the related needs of the affected population.

This plan can help us maximize the use of personnel, facilities and other resources in providing assistance to staff, customers, providers, emergency response personnel, and the community at large. Internal and external communication elements are important for maximizing the effective functioning of this plan.

We developed this plan in coordination with the Office of the Governor and the Washington Military Department, based on the Homeland Security Presidential Directive-5. The Incident Command System is the organizational structure for the implementation of this plan. Our goal is to comply with the National Incident Command System requirements.

In this plan, we identified necessary resources and activities that can be mobilized in a timely manner when a disaster occurs. We will review and update this plan annually to reflect technological improvements and emerging best practices. We will reinforce the plan by training, exercises, drills, and other events.